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AMENDMENT TRANSMITTAL FORM

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Attorney Docket No.: QCPA701D1 In Re Application of: Samir Soliman

Serial Number: 09/954,910 Filed: September 17, 2001 Examiner: Lee Nguyen Group Art Unit: 2682

Dear Sir:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	9	20	0	x \$18 =	\$0
Independent**	3	3	. 0	x \$86 =	\$0
Multiple Depen	dent Claim(s):	Yes 🛭 No		\$290	\$
			One Month	\$110	\$
EXTENSION FEES			Two Months	\$420	\$
			Three Months	\$950	3
TERMINAL DISCLAIMER				\$110	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$
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